



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

J. DOUGLAS CROWDER, MD

Respondent Name

HUNT MEMORIAL HOSPITAL DISTRICT

MFDR Tracking Number

M4-16-2912-01

Carrier's Austin Representative

Box Number 43

MFDR Date Received

MAY 23, 2016

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "York, her insurance carrier disputed her claim, but lost both their initial dispute and their final appeal before an Administrative Law Judge (appeal finding dated August 13, 2015, copy enclosed)...they were ordered to compensate treaters...yet still refuse to pay for the services summarized in the enclosed dispute...My billing service resubmitted the bills after the judge's ruling, but all were denied based on timeliness."

Amount in Dispute: \$3,150.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: The respondent did not submit a response to the request for medical fee dispute resolution.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount in Dispute	No Eligible for Review
May 14, 2014 through March 17, 2015	99213, 99214, 99443	\$2,950.00	Untimely Filed to Medical Fee Dispute

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
August 25, 2015	Office Visit CPT Code 99214	\$200.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute.
2. Texas Labor Code §408.027 sets out the rules for timely submission of a claim by a health care provider.
3. 28 Texas Administrative Code §102.4(h) sets out rules for non-division communications.
4. 28 Texas Administrative Code §134.203 sets out the reimbursement guidelines for professional services.
5. The service date August 25, 2015 was denied by the respondent with the following reason:
 - 219-Based on extent of injury.
 - The provider has resubmitted this bill, but has removed/changed the diagnosis code, CPT/HCPC Code(s) and/or total bill charge amount, thus making it a new bill and subject to the 95 day timely filing rule.
 - Per the Contested Case Haring this is not a covered diagnosis.
 - 29-The time limit for filing has expired.
 - B13-Previously paid. Payment for this claim.service may have been provided in a previous payment.
 - D-Service has previously been submitted.
 - 193-Original payment decision is being maintained. Upon review it was determined that this claim was processed properly.
 - W3-Additional payment made on appeal/reconsideration.
 - Per Contested Case haring Decision and Order this is not a compensable diagnosis.
 - 309-The charge for this procedure exceeds the fee schedule allowance.
 - P12-Workers' compensation jurisdictional fee schedule adjustment.
6. The service date May 14, 2014 through March 17, 2015 were denied by the respondent with the following reason:
 - 29-The time limit for filing has expired.
7. The division placed a copy of the Medical Fee Dispute Resolution request in the insurance carrier's Austin representative box, which was acknowledged received on June 9, 2016. Per 28 Texas Administrative Code §133.307(d)(1), "The response will be deemed timely if received by the division via mail service, personal delivery, or facsimile within 14 calendar days after the date the respondent received the copy of the requestor's dispute. If the division does not receive the response information within 14 calendar days of the dispute notification, then the division may base its decision on the available information." The insurance carrier did not submit any response for consideration in this dispute. Accordingly, this decision is based on the information available at the time of review.

Issues

1. Was the request for medical dispute resolution filed timely per 28 Texas Administrative Code §133.307?
2. Is the requestor entitled to reimbursement?

Findings

1. 28 Texas Administrative Code §133.307(c) states, in pertinent part:
 - (1) Timeliness. A requestor shall timely file the request with the division's MFDR Section **or waive the right to MFDR**. The division shall deem a request to be filed on the date the MFDR Section receives the request. A decision by the MFDR Section that a request was not timely filed is not a dismissal and may be appealed pursuant to subsection (g) of this section.
 - (A) A request for MFDR that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of service in dispute.
 - (B) A request may be filed later than one year after the date(s) of service if:
 - (i) a related compensability, extent of injury, or liability dispute under Labor Code Chapter 410 has been filed, the medical fee dispute shall be filed not later than 60 days after the date the requestor receives the final decision, inclusive of all appeals, on compensability, extent of injury, or liability.

The division received this medical fee dispute on May 23, 2016. All but one date of service in dispute exceeds the one-year filing deadline. Although the requestor provided evidence to support that it met the exception to the one-year filing deadline at §133.307(c)(1)(B), application of this exception extends the filing deadline only by 60 days from the date the requestor received a final decision on the alleged extent of injury dispute.

Because the requestor neither asserts nor provides evidence to support the date on which it received the final chapter 410 decision, the date of receipt may be presumed to be five days after the date the division issued the decision pursuant to 28 Texas Administrative Code §102.5(d). Documentation supports that a contested case hearing under chapter 410 was held and that the division issued a decision on August 13th, 2015. This date plus five days is Tuesday August 18th, 2015. Application of the §133.307(c)(1)(B) exception extends the medical fee dispute filing deadline to the later of October 17, 2015, or one-year from the date of service.

The following compares the fee dispute filing deadline dates to the date the division received the medical fee dispute:

Date of Service (DOS)	Rule 133.307 (later of tolled vs. 1 year)	Filing Deadline (Business Day)	Fee Dispute Rvcd:	Timely?
May 14, 2014	tolled (c)(1)(B)	Monday, October 19, 2015	May 23, 2016	No
May 28, 2014	tolled (c)(1)(B)	Monday, October 19, 2015	May 23, 2016	No
June 16, 2014	tolled (c)(1)(B)	Monday, October 19, 2015	May 23, 2016	No
June 26, 2014	tolled (c)(1)(B)	Monday, October 19, 2015	May 23, 2016	No
July 1, 2014	tolled (c)(1)(B)	Monday, October 19, 2015	May 23, 2016	No
July 1, 2014	tolled (c)(1)(B)	Monday, October 19, 2015	May 23, 2016	No
July 29, 2014	tolled (c)(1)(B)	Monday, October 19, 2015	May 23, 2016	No
August 13, 2014	tolled (c)(1)(B)	Monday, October 19, 2015	May 23, 2016	No
October 17, 2014	tolled (c)(1)(B)	Monday, October 19, 2015	May 23, 2016	No
November 7, 2014	One-year after DOS	Monday, November 09, 2015	May 23, 2016	No
November 24, 2014	One-year after DOS	Wednesday, November 25, 2015	May 23, 2016	No
January 21, 2015	One-year after DOS	Friday, January 22, 2016	May 23, 2016	No
February 18, 2015	One-year after DOS	Friday, February 19, 2016	May 23, 2016	No
February 19, 2015	One-year after DOS	Monday, February 22, 2016	May 23, 2016	No
March 17, 2015	One-year after DOS	Friday, March 18, 2016	May 23, 2016	No
August 25, 2015	One-year after DOS	Friday, August 26, 2016	May 23, 2016	Yes

The division concludes that the requestor has waived its right to medical fee dispute resolution for dates of service May 14, 2014 through March 17, 2015 because the medical fee dispute was not timely filed to the division. The division further concludes that date of service August 25, 2015 was timely filed to the division's medical fee dispute resolution program and is therefore eligible for review.

- According to the explanation of benefits issued on April 4, **2016** by the respondent, the August 25, 2015 service eligible for dispute was denied based upon "29-The time limit for filing has expired."

Texas Labor Code §408.027(a) states:

A health care provider shall submit a claim for payment to the insurance carrier not later than the 95th day after the date on which the health care services are provided to the injured employee. Failure by the health care provider to timely submit a claim for payment constitutes a forfeiture of the provider's right to reimbursement for that claim for payment.

28 Texas Administrative Code §102.4(h), states:

Unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on: (1) the date received, if sent by fax, personal delivery or electronic transmission or, (2) the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal holiday.

To determine when the bills were sent, the division reviewed the submitted documentation and finds that the requestor did not submit a fax, personal delivery or electronic transmission or a postmark letter to support that the

disputed bills were submitted timely in accordance with Texas Labor Code §408.027(a). Additionally, the EOB issued on April 4, 2016 by the carrier includes a "Carrier Received" date of March 22, 2016. Based upon the documentation that was timely submitted, the division concludes that the requestor has waived its right to reimbursement.

Conclusion

For the reasons stated above, the division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____	_____	08/29/2016
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.